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UNITED STATES BANKRUPTCY COURT

Northern DISTRICT OF New York

In re: Good Samaritan Lutheran Health Care Center, § Inc § \$	Case No. 19-12215
Debtor(s) §	☐ Jointly Administered
Post-confirmation Report	Chapter 11
Quarter Ending Date: 12/31/2023	Petition Date: 12/19/2019
Plan Confirmed Date: 12/02/2020	Plan Effective Date:
This Post-confirmation Report relates to: Reorganized Debtor Other Authorized Part	ty or Entity: Name of Authorized Party or Entity
s/ Avi Garritano	Avi Garritano
Signature of Responsible Party 03/21/2024	Printed Name of Responsible Party
Date	4770 White Plains Rd Bronx, NY 10470
	Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

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Case No. 19-12215

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$3,580,195	\$44,833,094
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$3,580,195	\$44,833,094

	Preconfirmation Professional		Approved	Approved	Paid Current	Paid
Ţ	Df: 1 f 0 (11-		Current Quarter	Cumulative	Quarter	Cumulative
i I	Professional fees & expenses (bank incurred by or on behalf of the debt	or Aggregate Total				
	Itemized Breakdown by Firm					
	Firm Name	Role				
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i	i					
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i	v					
V	V					
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					Approved	Approved	Paid Current	Paid
					Current Quarter	Cumulative	Quarter	Cumulative
b.		sional fees & expenses (nonled by or on behalf of the deb		regate Total				
	Itemize	ed Breakdown by Firm						
		Firm Name	Role					
	i							
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c.	All professional fees and expenses (debtor & committees)						

Part 5: Recoveries of the Holders of	Claims and Interests u	nder Confirmed Pla	11		
	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$778,432	\$0	\$0	\$778,432	0%
b. Secured claims	\$5,856,954	\$0	\$0	\$5,856,954	0%
c. Priority claims	\$523,662	\$0	\$0	\$523,662	0%
d. General unsecured claims	\$227,144	\$0	\$0	\$20,649,484	0%

Part 4: Questionnaire			
a. Is this a final report?		Yes No •	
If yes, give date Final Decree was entered:			
If no, give date when the application for Final Decree is anticipated:	06/30/2024		
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. §	§ 1930?	Yes No	

\$0

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e. Equity interests

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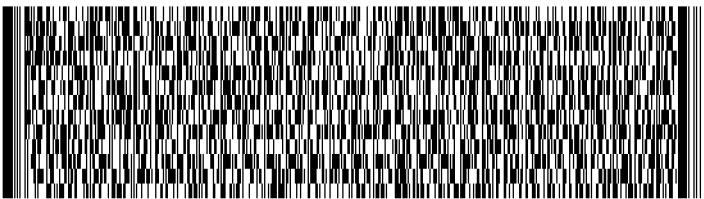
Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

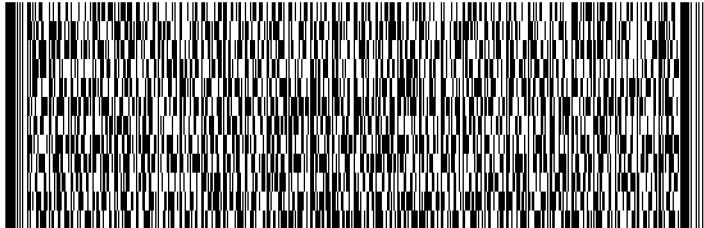
I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Avi Garritano	Avi Garritano
Signature of Responsible Party	Printed Name of Responsible Party
Director of Accounting	03/21/2024
Title	Date

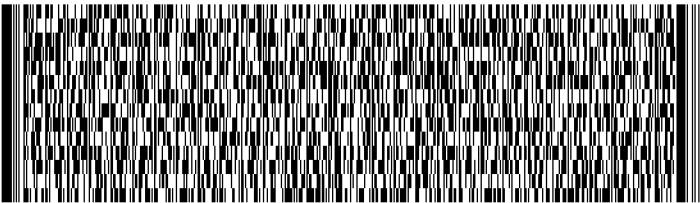
Debtor's Name Good Samaritan Lutheran Health Care Center, Inc



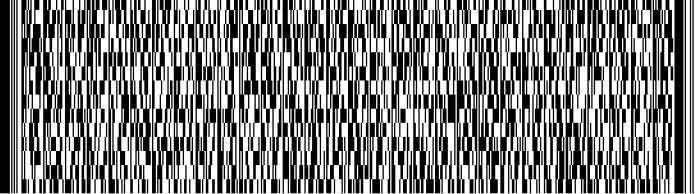
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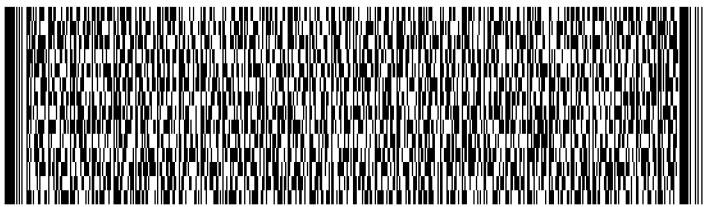
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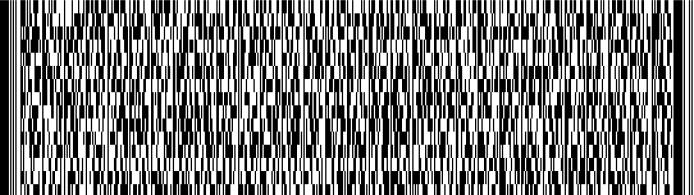
Page 2 Minus Tables



Bankruptcy Table 1-50



Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50

Non-Bankruptcy Table 51-100

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